FEC FORM 3

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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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NAME OF COMMITTEE (in	TYPE OR PRINT		nple: If typing, type the lines.	12FE4M5		
ADDRESS (number a than previous reported. (SHAK HILL PO BOX 486 Ind street) Ifferent Dusly ACC) ICATION NUMBER ICATION NUMBER	CITY A	NEW OR	VA 20122 STATE AMENDED	ZIP CODE STATE V DISTRICT VA 00	
4. TYPE OF RI (a) Quarterly April July 1 Octob	EPORT (Choose One)	Election on	(N) OR Election Report for the second (12P) Convention (12C) M M M / D T-Election Report for the second (30G)	the: General (12G) Special (12S)	in the State of Special (30S) in the State of	
5. Covering Period M M M / 01D / 2014 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Robin Hill Signature of Treasurer Robin Hill NOTE: Submission of false, erroneous, or incomplete Information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
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